

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047951

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 93

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY Platteb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WestonLength of stay in 1b
lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Plattec. CITY OR TOWN WestonInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
James N. Lamar4. DATE OF DEATH
Month Day Year
December 24, 19625. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
8-23-839. AGE (last birthday)
79IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer10b. KIND OF BUSINESS OR INDUSTRY
farm11. BIRTHPLACE (City and state or country)
Weston, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

L. L. Lamar

13b. MOTHER'S MAIDEN NAME

Carrie Beck

14. NAME OF HUSBAND OR WIFE

xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Opal Nichols Weston, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchogenic carcinomaINTERVAL BETWEEN ONSET AND DEATH
2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from death occurred at

11/9/62to 12/23/62

and last saw him alive on

12/23/62

a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Weston, Missouri

22c. DATE SIGNED

12/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-27-62

23c. NAME OF CEMETERY OR CREMATORY

Walla Walla Cemetery

23d. LOCATION (City, town, or county)

Walla Walla, Washington

(State)

24. FUNERAL DIRECTOR

Vaughn Funeral Home Weston, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12.26.1962

26. REGISTRAR'S SIGNATURE

Opal Nichols

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/591083020830

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1290-2131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.